



PEER COUNSELOR CONTACT LOG

Mother's name _____ Mother's ID Number _____
 Address _____ City _____
 State _____ Zip _____ Breastfed ever? _____ Due date ____/____/____
 Baby's date of birth ____/____/____ Baby's name _____
 Baby's birth wt. _____ Discharge wt. _____ Two week wt. _____

Type of contact: 1=phone 2=home visit 3=group class 4=mail 5=clinic visit 6=hospital visit 7=other

Prenatal Contacts

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									

Postpartum Contacts

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique (position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
Family Planning									
Growth Spurt									
Milk Supply Issues									
Medical situation/medication use									
Nursing schedule									
Premature infant									
Pumping/hand expression									
Referral to Lactation Consultant									

